

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Lilly Anne Hopkins	RECEIVED UNITED STATES MARSHAL	COURT CASE NUMBER 4:19-cv-5041 <i>4:19-cv-05041</i>
DEFENDANT Bobby Lumpkin, et al	2021 OCT -8 AM 10:31 SOUTHERN DIST. S/TX	TYPE OF PROCESS Order, Summons
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR DEMAND Senior Warden Phonso Rayford	United States Courts Southern District of Texas FILED OCT 22 2021
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Connally Unit 899 FM 632 Kennedy, TX 78119	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 3
United States Courts 515 Rusk St. Houston, TX 77002		Number of parties to be served in this case 3 <i>Nathan Ochler, Clerk of Court</i>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):		Check for service on U.S.A.

Signature of Attorney other Originator requesting service on behalf of: <i>/S. Arnaw</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 713-250-5500	DATE 10/6/2021
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>79</i>	District to Serve No. <i>79</i>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <i>10/12/2021</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date <i>10/22/2021</i>	Time <i>11:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>[Signature]</i> <i>Joseph Castro</i>
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Service Fee <i>\$8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>\$8.00</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

- Sent USPS certified mail # 7019 2280 0002 0708 2996

- served via certified mail. Delivered on 10/18/2021 @ 10:43 AM. (See attached proof)



FAQs >

Track Another Package +

Tracking Number: 70192280000207082996

Remove X

Your item was picked up at the post office at 10:43 am on October 18, 2021 in KENEDY, TX 78119.

Delivered, Individual Picked Up at Post Office

October 18, 2021 at 10:43 am
KENEDY, TX 78119

Feedback

Get Updates 

Text & Email Updates



Tracking History



October 18, 2021, 10:43 am

Delivered, Individual Picked Up at Post Office
KENEDY, TX 78119

Your item was picked up at the post office at 10:43 am on October 18, 2021 in KENEDY, TX 78119.

October 13, 2021, 12:37 pm

USPS in possession of item
HOUSTON, TX 77208

Product Information



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



TDCJ-Connally Unit

Attn: Warden Phonso Rayford's Office

899 FM 632

Kenedy, TX 78119



9590 9402 5383 9189 6765 04

2. Article Number (Transfer from service label)

7019 2280 0002 0708 2996

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
or delivery address below: ☐ No

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-0053

Domestic Return Receipt